## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2014 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ALTENHEIM HEALTH & LIVING COMMUNITY  ALTENHEIM HEALTH & LIVING COMMUNITY  (A) ID  (A)			155196	B. WING		<del></del>	12/	/29/2014
PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)  K 000 INITIAL COMMENTS  A Life Safety Code and Environmental Preoccupancy Survey for the newly constructed Rehabilitation Wing was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 12/29/14  Facility Number: 000103 Provider Number: 155196 AIM Number: 100290000  Surveyor: Mark Caraher, Life Safety Code Specialist  At this Life Safety Code and Environmental Preoccupancy Survey, Altenheim Health and Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Care Facilities Rules for Comprehensive Care Facilities.  The newly constructed one story Rehabilitation Wing was determined to be of Type V (111) construction and was fully sprinklered. The Rehabilitation Wing has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detection hard were to the fire alarm system in all resident sleeping rooms. The facility has a large sident sleeping rooms. The facility has a large sident sleeping rooms.					352	25 E HANNA AVE	•	
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open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a		Preoccupancy Survey Rehabilitation Wing would Indiana State Departs accordance with 42 C Survey Date: 12/29/5 Facility Number: 0000 Provider Number: 15 AIM Number: 10029 Surveyor: Mark Cara Specialist  At this Life Safety Copreoccupancy Survey Living Community was Requirements for Pai Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LS) Care Occupancies and Environment and Phy Indiana Health Care of Comprehensive Care The newly constructed Wing was determined construction and was	y for the newly constructed vas conducted by the ment of Health in CFR 483.70(a).  14  1003 15196 10000  100					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE	LADODATORY	smoke detection in the open to the corridor. detectors hard wired resident sleeping roo capacity of 72 and hard	ne corridors and in all areas The facility has smoke to the fire alarm system in all ms. The facility has a and a census of 65 at the time			TITLE		(VEVDATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG <b>02</b>		(X3) DATE SURVEY COMPLETED	
155196			B. WING _			12/29/2014	
NAME OF PROVIDER OR SUPPLIER  ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COI 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 000	of this survey. The R Wing has a capacity of All areas where resid were sprinklered and services were sprinkle	ehabilitation of 20 and had a census of 0. ents have customary access all areas providing facility ered. ennis Austill, Life Safety	K				